

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/516470 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6	1		1	1		
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19	C	C				
20		1				
21		1				
22	C	C				
23	1					
24	1					
25	1					
26	C	C				
27	1					
28	1					
29						
30						
31						
32		1				
33		1				
34		1				
35		1				
36		1				
37						
38						
39						
40		1				
41						
42						
43						
44	0			1		
45				C(1)		
46				1		
47				1		
48	1					
49		1				
50	C	C				
TOTAL IND.	3		6			
TOTAL DEP.	32	←	47	←		←
TOTAL CLAIMS			53			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53		1				
54						
55						
56						
57						
58						
59						
60						
61						
62						
63	1					
64	C	C				
65		1				
66						
67						
68						
69						
70						
71						
72						
73		1				
74						
75						
76	(1)					
77	(1)					
78	1					
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92	1					
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2		6			
TOTAL DEP.	11	←	47	←		←
TOTAL CLAIMS			53			